

APPLICATION
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FOR
AUTOLOGOUS VASCULAR GRAFTS
CREATED BY VESSEL DISTENSION

AUTOLOGOUS VASCULAR GRAFTS CREATED BY VESSEL DISTENSION

Cross-Reference to Related Applications

5 This is a continuation of U.S. Application No. 09/994,241, filed
November 27, 2001, now pending, which is a continuation-in-part of
Application No. 09/322,095, filed May 28, 1999, now U.S. Patent No.
6,322,553. Application No. 09/994,241 claims benefit of U.S. Provisional
Application No. 60/274,909, filed March 9, 2001, and Application No.
10 09/322,095 claims benefit of U.S. Provisional Application No. 60/087,027, filed
May 28, 1998. All of these applications are incorporated herein by reference in
their entirety.

Background of the Invention

 The present invention is generally in the area of methods and devices to
15 obtain vascular tissue grafts and more specifically in the area of methods and
devices to obtain grafts, preferably autologous grafts, prepared from living
vascular tissue.

 Vascular grafts are commonly used by surgeons to bypass obstructions to
blood flow caused by the presence of atherosclerotic plaques. Vascular grafts
20 also are used in other applications such as providing arterial-venous shunts in
dialysis patients, vascular repair or replacement and treating aneurysms. Grafts
for bypass are often, but not exclusively, used in the coronary arteries, the
arteries that supply blood to the heart. The materials used to construct a
vascular graft usually are either synthetic or of biological origin, but
25 combinations of synthetic and biological materials are under development. The
most widely used biological vascular grafts are autologous saphenous vein or
mammary artery. Some common synthetic grafts are made of
polytetrafluoroethylene (PTFE) (e.g., GORTEx™) or polyester (e.g.,
DACRON™). Autologous grafts have generally been used more successfully
30 than synthetic grafts. Autologous grafts remain patent (functional) much longer
than synthetic grafts, and saphenous veins often fail in less than five years. The

short lifetime of synthetic grafts is especially evident with small diameter (less than 7 mm diameter) grafts, as most small diameter synthetic grafts occlude within one to two years or less.

Small diameter vascular grafts are particularly used in coronary artery bypass surgery. Internal mammary artery (IMA) is the autologous graft of choice, because it typically has a longer life than venous grafts (95% patent at 5 years versus 85% patent at 2 years). Mammary arterial tissue, however, is difficult to harvest, typically is not available in lengths sufficient for multiple bypasses, and its removal can result in problems such as problematic wound healing. Moreover, obtaining sufficient venous tissue for repairing an occluded artery can be problematic in patients with venous conditions such as varicose veins and especially in second or third surgeries in the same patient. Recent literature also suggests that IMA used in bypass procedures either fails soon after transplantation or remains patent indefinitely. See, e.g., Bergsma, et al., *Circulation* 97(24):2402-05 (1998); Cooley, *Circulation* 97(24):2384-85 (1998). Other arteries such as the gastroepiploic, gastric, radial, and splenic also are used in coronary bypass procedures. Moreover, the recent American Heart Association / American College of Cardiology consensus document (Eagle, K.A., et al. "ACC/AHA Guidelines for coronary artery bypass graft surgery: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines", Committee to Revise the 1991 Guidelines for Coronary Artery Bypass Graft Surgery, American College of Cardiology/American Heart Association, *J. Am. Coll. Cardiol.*, 34(4):1262-347 (1999)) strongly recommends a move to total arterial revascularization.

In some cases, autologous or homologous saphenous vein preserved by freezing or other processes is used.

With people living longer, multiple surgeries are more common. At the same time, open-heart surgery is becoming routine, aided by the development of new, minimally invasive and "off-pump" procedures that have dramatically simplified the surgery and reduced the recovery time.

Development of a longer lasting small-diameter vascular graft is the subject of much academic and industrial research. One current approach is to combine cell culture and biomaterials technologies to make a living, "tissue engineered" graft. This effort, however, is hindered by the requirements of a successful graft: It should be self-repairing, non-immunogenic, non-toxic, and non-thrombogenic. The graft also should have a compliance comparable to the artery being repaired, be easily sutured by a surgeon, and not require any special techniques or handling procedures. Grafts having these characteristics are difficult to achieve. Despite the substantial effort to date and the potential for significant financial reward, academic and industrial investigators have failed to produce graft materials that have demonstrated efficacy in human testing.

Efforts to avoid or minimize the need for vascular grafts for repair of otherwise healthy vascular tissue have been described. For example, Ruiz-Razura et al., *J. Reconstructive Microsurgery*, 10(6):367-73 (1994) and Stark et al., *Plastic and Reconstructive Surgery*, 80(4):570-78 (1987) disclose the use of a round microvascular tissue expander for acute arterial elongation to examine the effects on the tissue of such acute hyperextension. The expander is a silicone balloon that is placed under the vessel to be elongated. The balloon is filled with saline over a very short period, causing acute stretching and elongation of the vessel. The method is purported to be effective for closure of arterial defects up to 30 mm without the need for a vein graft. These techniques are appropriate for trauma, but are not used for restoring blood flow in vessels that are occluded, for example by disease, which are treated by surgically bypassing the obstruction with a graft. The disclosed methods and devices fail to provide an autologous graft or versatile substitute. Moreover, the acute stretching may damage the vessel.

It is therefore an object of the present invention to provide devices and methods for creating natural blood vessel suitable for grafting.

It is another object of the present invention to provide devices and methods for making an autologous blood vessel graft.

It is further object of the present invention to provide devices and methods for creating blood vessel grafts *in vivo* or *in vitro*.

These and other objects, features, and advantages of the present invention will become apparent upon review of the following detailed description of the invention taken in conjunction with the drawings and the appended claims.

Summary of the Invention

Devices and methods are provided for forming a vascular graft by axially distending a blood vessel to stimulate vessel growth. Preferably, the device is implanted, for example using endoscopic techniques, for use *in vivo*. A portion of a blood vessel (i.e., the donor vessel) then is distended using the device. Preferred donor vessels include the gastroepiploic artery, as well as the internal mammary, femoral, splenic, and radial arteries. Then, the *in vivo* distended portion of the donor vessel is excised, for example, at the time of bypass surgery. In an alternative embodiment, a section of donor vessel is surgically excised from the bypass surgery patient and then distended *in vitro* in a medium for cell growth, e.g., in an organ culture system or bioreactor. Where the donor is the recipient of the graft, the result using either approach advantageously is a totally autologous, living vascular graft.

In a preferred embodiment, the device comprises a stretching mechanism which includes (i) a rigid body; (ii) a pair of posts comprising a first post and a second post which are connected to the body; (iii) a driver element slidably secured to the body and disposed between the pair of posts; and (iv) a means for sliding the driver element away from the pair of posts to axially distend a blood vessel positioned between the pair of posts and the driver element. The posts of the device preferably have a curved lateral surface having a radius of curvature large enough to avoid collapsing the blood vessel during stretching

In one variation, the body comprises a plate from which a pair of posts protrudes. This device may further include a second plate secured to the body defining a space in which the blood vessel is stretched. The posts can be

integral with or attached to the base plate. In one embodiment, the posts are rotatably attached to the base plate.

In a more preferred, “foldable,” variation, the body comprises a pair of movable arms connecting the pair of posts to the body. The arms can be oriented with the length of the body to provide a narrow device profile to facilitate in vivo insertion, and then once implanted can be deployed into a second position, suitable for blood vessel loading and stretching, approximately perpendicular to the longitudinal axis of the body. In this embodiment, the pair of moveable arms comprises a first arm and a second arm, each having a distal end and a proximal end, such that the proximal ends are hingedly connected to the body. The posts preferably are wheels rotatably attached to the distal end of each arm. Preferably, the body comprises a lower end portion that is adjustable to lock the moveable arms into two or more positions. The lower end portion can be biased by a spring to hold the lower end portion in engagement with the body.

The device typically includes a controller for controlling the means for sliding the driver element, in a continuous, intermittent, or cyclic manner. Preferably, the means for sliding the driver element comprises a prime mover that is mechanically, electromechanically, or hydraulically driven. In one embodiment, the device further comprises a guide rod, which passes through an aperture in the driver element to guide the movement of the driver element as the driver element is slid along the guide rod by the means for sliding. Other mechanisms for imparting lateral stability to the driver element include the use of a protrusion or groove that matingly engages with a corresponding groove in or protrusion from the body to guide the movement of the driver element as the driver element is slid by the means for sliding.

The means for sliding the driver element can include one or more springs. These springs can provide constant stretch or a nonlinear or a constant force-deformation response. In one embodiment, the spring can comprise a shape memory material so the spring’s stiffness or shape can be changed as

stretching progresses or periodically.

The device optionally can include a growth factor or other growth stimulating agent for release in an effective amount to enhance growth of the blood vessel. Such agents may be impregnated into the materials of construction forming the device or can be in the form of a coating or a reservoir device attached to the stretching device.

Brief Description of the Drawings

FIG. 1 is a plan view of one embodiment of the device for vessel distension.

FIG. 2 is a plan view of a second embodiment of the device for vessel distension.

FIG. 3 is a side elevational view of the distension device shown attached to a donor blood vessel.

FIGS. 4A and 4B are illustrations of a normal and stretched blood vessel.

FIGS. 5A-C are front (5A), plan (5B), and side (5C) views of one embodiment of the device for vessel distension using fixed points of vessel attachment.

FIGS. 6A-C are diagrams showing vessel distension using an embodiment of the device having points of vessel attachment that are fixed relative to one another.

FIGS. 7A-C are front (7A), plan (7B), and side (7C) views of one embodiment of a device for both rectilinear and curvilinear vessel distension.

FIGS. 8A-B are diagrams showing vessel distension using one embodiment of the device for both rectilinear and curvilinear vessel distension.

FIG. 9 illustrates a passive power source adaptable to powering the stretching device shown in FIG. 1.

FIG. 10 is a perspective, partially exploded view of one preferred embodiment of a stretching device comprising a moveable driver element and fixed posts.

FIGS. 11A-B is a perspective view of the device in FIG. 10 in operation.

FIG. 12 is a perspective view of the device of FIG. 10 wherein the driver element is controlled by a push/pull wire.

FIG. 13 is a rear view of one embodiment of a stretching device comprising a moveable driver element and fixed posts, wherein the driver
5 element movement is guided and driven by a guide rod and a spring, respectively.

FIG. 14 is a perspective view of a preferred embodiment of a driver element suitable for use with a guide rod.

FIG. 15 is a perspective view of one embodiment of a driver element
10 having a protrusion suitable for mating with a groove or slot in the body of the device and/or a cover plate.

FIG. 16 is a perspective view of one embodiment of a base plate that has a recess for sealing a drive mechanism with another plate.

FIG. 17A is a perspective view of one embodiment of a post formed to
15 be integral with a base plate. FIG. 17B is a perspective view of one embodiment of a moveable post rotatably attached to a base plate.

FIG. 18 is a perspective view of one embodiment of a resting member extending from a base plate, wherein the resting member includes a groove and a pin to lock the driver element in position.

FIG. 19 is a perspective view of one preferred embodiment of a
20 stretching device comprising a moveable driver element with a pair of moveable arms and posts in the deployed position.

FIGS. 20A-B illustrate the device of FIG. 19 with the moveable arms and posts in a folded or undeployed position.

FIG. 21 is a plan view of one embodiment of a bottom plate for isolating
25 the stretching device for surrounding tissue and securing the device in place *in vivo*.

Detailed Description of the Invention

It is known that smooth muscle cells, which dominate the media, the
30 major load bearing layer of the arterial wall, proliferate and increase their

production of extracellular matrix in response to mechanical stimulation. It was discovered that this knowledge could be advantageously applied to create an autologous graft of appropriate diameter for coronary bypass or other vascular graft application using a distension device to stimulate angiogenesis. While an autologous graft is preferred, the devices and methods described herein also can be applied to an artery from another human or other animal, including transgenic animals genetically engineered to have tissues that will not be rejected by humans. The distension device can be adapted to operate *in vivo* or *in vitro*.

The devices and methods described herein can be used to make allogeneic and xenogeneic vascular grafts, as well as the more preferred autogeneic vascular grafts.

Distension Device

The distension device secures the donor blood vessel at different points on the vessel and then distends or stretches the vessel between those points to form an elongated portion. The elongated portion can then be excised for use as a vascular graft. Stretching can be continuous, cyclical, or intermittent, and can occur rectilinearly, curvilinearly, or in a combination thereof. The stretching can occur between vessel attachment points that are movable relative to one other or in fixed positions relative to one other.

I. Movable Attachment Positions

The device typically includes a stretching mechanism that can be attached by means such as straps or sutures to the donor blood vessel, a means for operating the stretching mechanism to cause the vessel to distend (i.e., extend), and a controller for controlling the operating means.

A. Stretching Mechanism

In a preferred embodiment, the distension device stretching mechanism includes a pair of opposed straps or loops that are fixedly attached to the donor blood vessel such as by sutures. The opposed straps are displaced away from each other over a period of time so that the donor vessel elongates as the straps are displaced. After a period of time, such as when the straps are displaced a

pre-determined distance, the section of vessel and the device are removed and the ends of the donor vessel are sutured together if needed.

The device straps should be made out of a biocompatible material such as a synthetic or natural polymer or metal. The straps must be able to be
5 attached to the vessel, for example, using sutures, staples, or adhesion. Examples of suitable material for the straps are polytetrafluoroethylene (PTFE), polyester (e.g., DACRONTM), nylon (e.g., DELRINTM), polysulfone, polypropylene, and polyethylene. The strap material preferably is doped to render it radio opaque, so that the stretching process can be monitored using x-
10 ray techniques. The straps can be wrapped in a material that is then attached to the vessel, or they can include perforations or holes to accommodate suturing to the vessel. The straps preferably have a flex strength to support the distending force applied on the stretching mechanism.

The device includes a means to displace the straps away from each other
15 and stretch the vessel. This displacement can be accomplished by any of a variety of techniques. For example, the device can include rods attached to the straps that can be moved to push or pull on the straps to slowly displace the straps from each other. The rods can be moved, for example, by mechanical or hydraulic means.

20 *B. Operating Means*

The device includes means to operate the stretching mechanism, preferably including a prime mover and electronic drivers for the prime mover, both of which are preferably implanted. The prime mover can be an electro-mechanical (active) device, such as a linear motor that operates the stretching
25 mechanism to push and/or pull the straps away from each other. A rotary motor could also be used to generate the required linear motion, using techniques known in the art. Alternatively, the prime mover can operate hydraulically. An active device generally requires input over time. The prime mover also can be a passive device such as a spring or a combination of a spring and a damper,
30 where stored mechanical energy is used to push and/or pull the straps away from

each other.

Linear or rotary piezo micro-motor devices (actuators) deliver small step sizes, small forces, have relatively simple control electronics and inherent force overload protection. Suitable devices are available from a number of vendors, including Micro Pulse Systems, Inc. Parameters of the operating means include the force applied by the stretching mechanism, the rate and direction of movement of the stretching mechanism, the length of time that the stretching mechanism is operated, and the type of stretching applied (e.g., continuous, cyclical, or intermittent).

10 C. Controller

The controller controls the operating means. In the *in vivo* distension embodiments, the controller can include a microprocessor that is implanted and that can be activated, programmed, or reprogrammed by an externally applied magnetic or electromagnetic field. The controller also can be activated, programmed, or reprogrammed externally using wires that pass through the skin, or by wireless means for transmitting power or data known in the art wherein wires need not pass through the skin.

One embodiment of the device is shown in FIG. 1. Proximal locking strap 10 and distal locking strap 12 are of adjustable length appropriate for a secure fit around the donor blood vessel to be distended. Blood vessels range from about 0.2 to 2 cm in diameter. The locking straps 10, 12, include a lace 14, 16, respectively, of a biocompatible material, such as DACRON™, that can be secured to the donor vessel, such as by suturing, stapling, or using an adhesive agent. In a preferred embodiment, the laces are designed similarly to the sewing rings of a standard artificial heart valve. Alternatively, a layer of a material, such as a fabric or film, can be attached to the strap so that the vessel can be sutured, stapled, or adhered to the material to hold the strap to the vessel. In another embodiment, the strap includes perforations, holes, or other structural features amenable to suturing or stapling, so that the vessel can be sutured or stapled directly to the strap. The locking straps each have a head 11, 13 with an

internal aperture. Preferably, the straps **10, 12** include a plurality of teeth (not shown) that, when the free end of the lace **14, 16** is inserted through the aperture of the head of the strap, it engages the head and prevents the free end of the lace from becoming disengaged, in a manner similar to that of standard pull-ties.

- 5 Alternatively, the head of the strap can engage the strap if the lace **14, 16** does not cover the entire strap or if the strap includes securing holes or perforations as described above. The straps optionally may be impregnated or coated with one or more growth stimulating agents (e.g., growth factors) that can be released in an effective amount to promote vessel tissue growth during the stretching
10 procedure.

Sliding bearings **18, 20**, on straps **10, 12**, respectively, and stops **22** and **24**, respectively, can be either attached to or integrally formed (during manufacture) with the straps or laces as shown. The bearings and stops are preferably made of the same material as the straps, although other biocompatible
15 materials can be used.

A first push/pull rod **26** is fixedly attached to proximal tie strap **10** at stop **22**. A second push/pull rod **28** is fixedly attached to distal tie strap **12** at stop **24**. The two push/pull rods are preferably initially not fitted to the locking straps but are easily assembled on the device *in vivo* after the locking straps are
20 secured around the vessel and sutured or otherwise fixed in place. The push/pull rods slide through the bearings **18, 20** and engage the stops **22, 24**. The proximal locking strap **10** including the lace **14**, sliding bearing **18**, stop **22**, and the fixedly attached rod **26** form a first integrated stretch unit **30**. The distal locking strap **12** including the lace **16**, sliding bearing **20**, stop **24**, and the
25 fixedly attached rod **28** form a second integrated stretch unit **32**. Push/pull rods **26, 28** are preferably made of a rigid material such as stainless steel, titanium or a biocompatible, rigid plastic.

A wire (or cable) **36**, preferably stainless steel or titanium, is fixedly attached to first push/pull rod **26** at **38** and passes freely through a hole **40** in
30 push/pull rod **28**. The wire **36** then passes freely through the sheath **44** into the

prime mover housing **46**. The prime mover shown is a piezo-actuator or other linear motor. Those skilled in the art will recognize that several suitable means for pulling the wire or cable are known. For example, the wire or cable can be pulled by a hydraulic cylinder or actuator powered by an implanted pump or by transcutaneous injection of a fluid, such as saline. The wire or cable also could be wound on a rotating reel or attached to a lead screw configured to produce linear motion, wherein either is powered by electric or hydraulic rotary actuators. FIGS. 1 and 2 show two opposing piezo-actuators **50** contained in the housing **46** which can be activated to provide micron-sized step advancement of the driven element **52**. Wire **36** is attached to driven element **52** by a hook **54** or other means so that wire **36** is advanced along with driven element **52**. Micro Pulse Systems, Inc. makes micro-actuators that are suitable for the device disclosed herein.

As the actuator **48** pulls the wire **36**, the first integrated stretch unit **30** is pushed/pulled towards the actuator **48**, in the direction of arrow **53**. The locking straps are thus displaced away from each other.

The device preferably includes an external driver and controller, which are not shown in the Figures. In a preferred embodiment, the wire can be activated from outside the body once the wire is passed through the skin. Mechanisms outside the body are easier to design and transcutaneous catheters and similar conduits are highly developed.

A particularly simple passive device for producing the linear motion needed to pull the wire **36** is illustrated in FIG. 9. The device **180** includes a cylinder **182** having a first orifice **184** at one end **181** and a second orifice **186** at the other end **183**, and containing a movable piston **188**, a compression spring **190**, and working fluid **192**. Adjacent the one end **181** is an extension **185** of the cylinder **182**, which contains an absorbent material **194** and includes a vent hole **196**. The sheath **44** of wire **36** enters the cylinder through second orifice **186**, and the wire **36** is attached to the piston **188** at its center **198**. The spring **190**, which typically is made of stainless steel, titanium or titanium alloy, particularly

nickel-titanium, is in compression and pushes piston 188 toward first orifice 184, thereby forcing the fluid 192, typically a biocompatible saline solution, through first orifice 184, where it is absorbed by the absorbent material 194. Representative examples of absorbent materials include synthetic hydrophilic substances, such as certain polymers, or natural materials, such as cellulose. Air or other gas in the interstices of the highly absorbent material 194 that is displaced by the fluid 192 exits from the piston through vent 196. It can be seen that the piston movement provides a continuous driving force and linear motion to the wire or cable 36 in the embodiment shown in FIG. 1. The first orifice 184 can be of a fixed size or a variable size to control the movement of the piston 188. For example, orifices made of piezoelectric or magnetostrictive materials can be made to selectively vary in size by the application of an appropriate electric or magnetic field. The spring 190 can have a linear, nonlinear or constant force deflection characteristic and may consist of multiple springs acting together and designed to produce the required stretching force and motion profile. Those skilled in the art will recognize that this device can be adapted to either push or pull on the cable or wire, depending on the arrangement of the elements.

FIG. 2 illustrates a second embodiment 70 of a device for vessel distension. The hydraulic embodiment uses two miniature, double-acting hydraulic cylinders 72, for example made of stainless steel, titanium or polymer, through which hydraulic force is exerted to stretch the blood vessel by pushing on straps 10. Double acting hydraulic cylinders 72 are connected by a hydraulic line 74 into which fluid flows from the housing 76 which comprise a reservoir of a fluid 77 such as saline. Pressure is generated by a piston 78 driven by threaded rod 80, positioned on a rod support 81, pushing the saline from the reservoir out at 83. Alternatively, pressure may also be generated by means external to the body using a catheter through the skin or by injection into an implanted, subcutaneous port. Such ports are commonly available. The threaded rod 80 is driven using torque generated by frictional engagement with

piezo-actuators **82** or by a miniature permanent magnet or other suitable motor. Micro Pulse Systems Inc. supplies piezo-actuators suitable for use in the device. Driver electronics and a power source are indicated as numeral **84**. Note that while FIG. 2 shows a hydraulic mechanism wherein only strap **10** is moved, the hydraulic system may be readily adapted by one of skill in the art to exert force on both strap **10** and strap **12**.

Alternatively, one skilled in the art could adapt the spring driven piston system illustrated in FIG. 9 to provide hydraulic power to the embodiment illustrated in FIG. 2.

The mechanical or hydraulic stretching mechanism works to move the straps apart slowly over a period of up to several weeks. In one embodiment, the passive driver element illustrated in FIG. 9 may be used to provide a pre-determined stretch over time. In another embodiment, the driver may be pre-programmed to operate autonomously, or the driver may be programmed (or reprogrammed) following implantation by transcutaneous electromagnetic means, based, for example, on x-ray data or other indications of how the process is proceeding. The driver may be simply turned on or off, or may be programmed or reprogrammed by a magnetic field sensing device such as a reed switch (relay) or by other electronic devices or circuits responsive to magnetic or electromagnetic fields. The field is generated by using the external driver control to periodically activate an external source positioned to activate the electronic driver circuit. The external driver control may be pre-programmed to provide a stretch of several centimeters over about one month. Alternatively, cyclic stretching of increasing peak and mean amplitude may be used. Using piezo actuators, activating the driver can produce incremental movements of the mechanical or hydraulic stretching mechanism as small as a few microns. The prime mover is designed to be force limited to preclude overstretching the vessel. Force limitation is inherent if the piezoelectric actuators are used in either embodiment and, in the case of permanent magnetic motors, can be designed into the electronic driver circuit.

II. Fixed Attachment Positions

In stretching an artery to stimulate angiogenesis, the blood vessel portion that is beyond the region where the stretching apparatus is attached will be relaxed from its normal stretched state and could possibly be relaxed to the point
5 where it is put in compression, as illustrated in the FIGS. 4A and 4B. FIG. 4A illustrates a blood vessel as it is normally stretched *in vivo*, and FIG. 4B illustrates how a stretching device having points of contact (X) between vessel sections A and B and between A and C. The stretching device elongates section A while relaxing sections B and C. The consequences of this are unknown, but
10 can be avoided if the blood vessel is stretched between two fixed points, as described herein.

One embodiment of the fixed-point device is shown in FIGS. 5A-C. The device **90** includes two semicircular or similarly shaped thin, yet rigid, plates **92** made of or completely covered by a biocompatible material, such as stainless
15 steel, titanium, titanium alloy, fiber composite, or polymer. The plates are separated and connected so as to remain parallel by a flat rectangular strip of similar material **94**. The ends of the strip **96** are perforated or otherwise formed to accept surgical sutures or other means (e.g., adhesive) known in the art to secure a blood vessel to the strip at its ends. The ends **96** are also flexible and
20 easily bent, but without breaking, about axis **98** shown. The device can be formed from a single appropriately shaped thin plate. The area between the plates contains at least one inflatable balloon **100**, which may be formed from silicone, rubber, elastomeric polymers, or any other highly deformable biocompatible material. As the balloon **100** is inflated, it fills the space between
25 the two thin plates **92** without significantly changing the spacing between the two plates **92**, since the plates **92** and strip **94** are sufficiently rigid to ensure this. Inflation of the balloon **100** can be accomplished using at least one access port **102**, through which a fluid, such as saline, is injected, for example, through a needle or catheter connected to a syringe or similarly functioning device. The
30 inflation process can occur through the skin. The balloon is designed and

attached to the strip in such a manner that, at full inflation, it assumes more or less the shape of the space between the two plates confining it.

An alternative stretching mechanism is provided by hydrophilic or chemically reactive synthetic substances (e.g., various polymers) or other natural materials (e.g., cellulose) known to significantly expand their dry volume when activated as by exposure to fluid or possibly other stimuli (e.g., heat, radiation or various chemical agents). Such materials are available in foamed, fiber or other forms, any of which may be adapted by one of skill in the art to effect the balloon inflation described herein. One or more of these materials can be placed inside the balloon and expanded by the controlled addition of a fluid or chemical agent, such as by injection into the balloon, which causes the materials to expand, inflating the balloon, in much the same way as simply pumping saline or another fluid into the balloon as described above. The material could also be otherwise encapsulated or separated from the stimuli to control its means and rate of activation. For example, expandable material could be provided with a degradable coating or other timed-release mechanism, and such mechanisms can be readily adapted from those used in controlled drug delivery. Alternatively, the balloon can be omitted, and the hydrophilic or other volume expanding material can simply be placed between the two plates in such a manner that exposure to body fluids or another appropriate stimulus causes the material to expand and fill the area between plates.

III. Combination Fixed/Movable Attachment Positions

Other embodiments combine rectilinear and curvilinear stretching. One such embodiment is a slightly modified version of device 90 (shown in FIGS. 5A-C) and is illustrated in FIGS. 7A-C. The device 150 includes strip 152, that is formed much like strip 94, except that it is formed in a slightly curved or angled configuration and includes at least one, and preferably several, plates (or tabs) 154, positioned at or near the long edge of the strip 152 so as to form a channel 156. Strip 152 has flexible ends 158 for attachment to the blood vessel. A blood vessel is placed in channel 156 and attached to the strip 152, like

described for strip 94, wherein plates 154 serve to hold the blood vessel in place. The space between the plates contains one or more (three are shown) inflatable balloons 160, which are like balloon 100 described above. Inflation of the balloon(s) can be accomplished using at least one access port 162, also as described above.

Method for Distending a Blood Vessel

The distension device can be adapted to operate *in vivo* or *in vitro*, that is to distend a portion of a blood vessel *in vivo* or following its excision from the body and subsequent placement in a medium for cell growth. As used herein, the phrase “medium for cell growth” includes any *in vitro* system for facilitating cell division, extra-cellular matrix formation, and growth of vessel tissue. For example, the distension device can be attached to an excised portion of donor vessel and submerged in a medium for cell growth in a temperature-controlled container. As described in Example 1, it has been shown that distension in an organ culture (e.g., a bioreactor) significantly stimulates cell division, and can be simple to control. See, for example, U.S. Patent No. 5,899,936 to Goldstein; U.S. Patent No. 5,879,875, to Wiggins, et al.; and U.S. Patent No. 5,888,720 to Mitrani, which describe techniques for organ and tissue culture which can be adapted to the methods described herein.

I. Operating the Movable Positions Device

The method for distending a donor blood vessel can include attaching a stretching mechanism to the donor vessel and operating the stretching mechanism to stretch the donor vessel. In one embodiment, the method involves using a device wherein a pair of straps are fixedly attached to the donor vessel and moved away from one another so that the portion of the vessel between the straps is distended. The distended portion can then be excised and used as a graft. Grafts for coronary by-pass surgery are typically between about 10 cm and 15 cm in length, whereas grafts for by-pass in the peripheral circulation are typically about 25 cm or more in length. Those of skill in the art can readily optimize the rate of vessel distension. Distension rates can be linear or

nonlinear, and may average, for example, between about 5 and 10 mm/day.

One embodiment of the method is illustrated in FIG. 3, wherein a device (e.g., the one shown in FIG. 1) is attached to a donor blood vessel 60. The device can be assembled before or at the time of implantation. Straps 10, 12 are engaged to encircle the donor vessel and are then sutured in place. Push/pull rods 30, 32 are attached to the straps. Wire 36, and the housing assembly shaft 44, and housing 46 (containing the actuator) are attached to the device. Preferably, the active prime mover is implanted complete with its drive circuit and a minimal power source. Alternatively, a passive device, such as described above, can be used. As either device is operated, the section of vessel 60 between the straps 10, 12, indicated by 62, stretches.

II. Operating the Fixed Positions Device

The device using fixed attachment positions is preferably operated as shown in FIGS. 6A-C, which show a cross-sectional view (a-a) of the device in FIGS. 5A-C, at increasing degrees of vessel distention occurring with increasing inflation/expansion of the balloon/expanding material. In operation, the target blood vessel 93 is placed between the two plates 92, resting on the uninflated balloon 100 (or unexpanded material) and secured to the flexible ends 96 of the strip 94, for example by sutures or other suitable means (FIG. 6A). As the balloon is inflated (or the material expanded), the blood vessel 93 is stretched (FIG. 6B), between the two fixed ends 96 and continues to stretch as the space between the two plates is filled (FIG. 6C), without the possibility of reducing the tension in or compressing the blood vessel 93 not between the points of attachment.

25 III. Operating the Combination Fixed/Movable Positions Device

The device using the combination of fixed and movable attachment positions is preferably operated as shown in FIGS. 8A-B. FIG. 8A shows a blood vessel attached to the device before application of the bending force (i.e., before distension). FIG. 8B shows the device and blood vessel following application of the bending force, wherein strip end A is drawn towards strip end

B. The device can be, for example, device 150 described above.

In operation, the target blood vessel 153 is first placed in the channel formed by plates 154, resting on the uninflated balloon 160 and secured to the flexible ends 158 of the strip 152, for example by sutures or other suitable means. The ends 158 of the strip 152 are then drawn towards each other by mechanical or other forces to cause strip 152 to bend or flex, thereby stretching the blood vessel 153. The ends can be drawn towards one another by any suitable means, including a mechanical or magnetic force, or by a differential expansion effect, for example where the strip consists of laminates of materials that contract or expand differently from one another when exposed to a stimulus, such as heat (thermal expansion) or water (e.g., top layer of strip hydrophilic while bottom layer hydrophobic). The mechanical means can include, for example, the linear or rotary piezo micro-motor devices described herein. As the strip 152 is bent, distance C increases and distance AB decreases, causing the section beyond either A or B to be stretched in a rectilinear manner.

Additionally, as balloon 160 is inflated (or the material expanded), the blood vessel is stretched between the two ends 158 and continues to stretch as the space in the channel defined by plates 154 is filled. Thus, the section of blood vessel between ends A and B is stretched in a curvilinear manner. The two modes of stretching can occur simultaneously, one after another in either order, or any combination thereof.

IV. In Vitro Operation

Currently, a short segment of blood vessel can be salvaged during conventional bypass surgery and an *in vitro* organ culture or bioreactor system can be used to grow sufficient graft tissue for a second surgery. Such surgeries represent about 30% of all bypass operations. The methods and devices described herein can be adapted to work with such surgeries, to increase the length of graft material and/or to reduce the required length of the salvaged segment. Stretched blood vessels can be effectively preserved for bypass surgery, for example, using known cryogenic or freeze-drying techniques.

Application of the Distension Devices and Methods

The present devices and methods are useful for forming a vascular graft by axially stretching (i.e., distending or extending) a donor blood vessel to stimulate growth. This stretching can be performed *in vivo* or *in vitro*.

5 The devices and methods can be sized to stretch blood vessels of essentially any size and located in or excised from a variety of sites in the body of the patient or donor or animal. Preferred blood vessels include, but are not limited to, the internal mammary arteries, the gastroepiploic artery, the gastric artery, the radial artery, the femoral artery, and the splenic artery. Other arteries
10 and veins may also be suitable blood vessels for use with the methods and devices.

 In a preferred embodiment of the *in vivo* distension method, the device is implanted, for example using endoscopic techniques, in the patient and vessel distension effected over a period of time. Then the site of implantation is re-
15 exposed, all or a portion of the donor blood vessel section (e.g., vessel segment 62 in FIG. 3) is removed and the device is explanted. The ends of the donor vessel can then be sutured end to end to repair the donor vessel, as is commonly done in vascular repair without complication. Some blood vessels used for
20 coronary bypass surgery, such as the gastroepiploic and radial arteries, can be removed with minimal morbidity such that repair is unnecessary. The removed blood vessel section is then ready for use as a graft in a patient in need thereof, who preferably is the same patient supplying the donor vessel.

 In a preferred embodiment of the *in vitro* distension method, a portion of donor blood vessel (e.g., shorter than that needed for a graft) is surgically
25 excised from the patient in need of the graft, and then the vessel portion is stretched over a period of time *in vitro* in a medium for cell growth, for example, as in a bioreactor. All or a portion of the distended vessel is then ready for use as a graft in the patient. Where the donor is the recipient of the graft, the result using either approach advantageously is a totally autologous, living
30 vascular graft.

Preferred Embodiments

In a preferred embodiment of the device, the stretching mechanism is not actually attached to the blood vessel and is therefore easier to use, as no suturing of the device to the vessel is required. The device also preferably is enclosed so
5 that the possibility of tissue adhesions to soft tissue and/or infiltration by body fluids—potential problems with essentially any implanted device—is minimized. The device also preferably includes growth factor to stimulate blood vessel tissue growth. For *in vivo* applications, the device also preferably is sized and shaped to facilitate minimally invasive implantation, such as by
10 endoscopic insertion.

In preferred embodiments, a driver element is used to stretch a blood vessel positioned between two fixed posts. Generally, the devices can be designed to have a fixed outer shape or, more preferably, to “fold” to yield a reduced profile to facilitate insertion (i.e., implantation).

15 In all of these preferred embodiments and variations, the body preferably is a substantially rigid, elongated structure. The devices are designed so that their cross-sectional dimensions facilitate endoscopic implantation, preferably using available hardware. Standard trocars for endoscopic access range in size to 25 mm. Device length is influenced by choice of artery, length of graft
20 produced, and other factors. The expected length is between about 4 and 20 cm.

Non-Fold Design

In a preferred embodiment, the blood vessel lies between two parallel plates, in a configuration similar to the embodiment described above in FIGS. 5 and 6. The basic elements and operation of this embodiment of the device is
25 shown in FIGS. 10 and 11 which illustrate device **200** in a partially exploded view.

The device **200** includes a base plate **202** and optional cover plate **204**. The base plate **202** has a first surface **206** from which a pair of posts **208a** and **208b** extends. The posts **208a** and **208b** each have a lateral surface **209a** and
30 **209b**, which preferably are shaped to accommodate or fit the circular cross-

sectional shape of the blood vessel being stretched. As used herein, the term “post” includes any suitable member or structure attached or integral to the surface of the plate that has a surface capable of supporting the blood vessel during stretching of the vessel. The base plate **202** further includes a support
5 member **214** that extends from the first surface **206**.

The base plate **202** further includes a moveable driver element **210** on the first surface **206**, shown in FIG. 10 in its resting position on optional resting member **212**, which in this embodiment is in the form of a rectangular protrusion. The driver element **210** is moveable along the first surface **206** in a
10 direction away from resting member **212**, preferably along a line perpendicular to a line between the center points of posts **208a** and **208b**, shown as arrow Z. The means for moving and controlling the movement of the driver element **210**, which controls the stretching of the blood vessel, are described below.

The cover plate **204** includes a cutout area **205** that has the approximate
15 size and shape of the combination of the driver element **210** and resting member **212**. The cover plate **204**, which preferably is flat, is made so that it may be secured to the base plate **202**, preferably by being attached at the posts **208a** and **208b** and at support member **214**. Essentially any suitable protrusion or other mechanism can be used for attaching the cover plate and the base plate together.
20 For example, snap type connectors can be fabricated into the base plate and/or the cover plate. Such connectors are known and routinely used by those skilled in the art. Snap connectors are particularly well suited to structures made with biocompatible polymers, for example, in a molding process. Representative examples of such polymers include PTFE and DELRINTM (E.I. du Pont de
25 Nemours and Company) acetal polymer.

FIGS. 11A-B illustrate how device **200** operates to stretch and lengthen a blood vessel. (For clarity, the cover plate **204** is not shown.) FIG. 11A shows blood vessel **220** positioned (i.e., threaded) between posts **209a** and **209b** and driver element **210**, which is in its initial position. To load the device, a length
30 of blood vessel having a length approximately equal to the distance between the

posts **209** is freed from the tissue tethering (that is commonly associated with mammalian arteries, for example) and then placed into the threaded position in the device. FIG. 11B shows the blood vessel **220** stretched by movement of the driver element **210**, which has moved away from resting member **212**.

5 It is desirable to make the stretching device as small as possible so that it may be delivered *in vivo* using standard or specially designed endoscopic tools. The elements of this embodiment can be fabricated using suitably rigid materials and known fabrication methods. Materials such as stainless steels, titanium, titanium alloys or biocompatible polymers are suitable. Methods for forming
10 the elements of the device are well known to those skilled in the art.

 The movement of the driver element can be controlled by a wide variety of means. In one embodiment, the driver element is moved by means of a wire connected to the driver element, which pulls or pushes the driver element, thereby stretching the blood vessel. One variation of this embodiment is
15 illustrated in FIG. 12, which shows device **200** having driver element **210** attached to wire **250**, which is enclosed in wire sheath **252**. The wire **250** passes through an appropriately sized aperture in the resting member **212**. Such a wire could, for example, be a made of super elastic material such as alloys of nickel and titanium. The wire can be driven by a piezo-actuator or other linear motor,
20 by a hydraulic cylinder or actuator powered by an implanted pump or by transcutaneous injection of a fluid, by winding the wire on a rotating reel or attached to a lead screw configured to produce linear motion where either is powered by electric or hydraulic rotary actuators, or by other suitable means for pushing/pulling a wire described above or known to those skilled in the art.

25 Another means for moving the driven element is illustrated in FIG. 13, which shows a base plate **260** from a side distal the blood vessel and driver elements (not shown). Support members **262a** and **262b** protrude from surface **264** and support both ends of guide rod **266** secured therebetween. The guide rod **266** is located parallel to and slightly spaced apart from the surface **264**.
30 The base plate includes linear slot **268**, which extends through the base plate and

approximately between the support members **262a** and **262b**. The centerline of the slot **268** and guide rod **266** if shown in FIG. 13 would be identical. Spring **270** is fitted over the guide rod **266** and can be expanded or contracted along its length to move a driver element **272** slidably connected to the guide rod **266**.

5 FIG. 14 illustrates one embodiment of driver element **272**, wherein guide rod **266** slidably engages the driver element through aperture **273** in distal portion **271** of the driver element. Flange **274** of the driver element **272** would mate with the slot in the baseplate so that the spring can move the driver element as needed. The lateral surface **275** of proximal portion **276** of the driver element
10 would engage the blood vessel being stretched. It will be appreciated that assembly of the driver element, spring, guide rod, and the base plate can be facilitated by enlargement of the slot at one of its ends to permit the passage of part of the driver element.

 Lateral stability for the driver element can, if needed, be provided by the
15 use of mating slots (e.g., grooves) and protrusions in the base plate (or cover plate or both) and the driver element. For example, the base plate could be provided with one or more small thickness slots (female part), which mate with one or more small protrusions the driver element, whereby the protrusions of the driver element are in sliding engagement within the slots of the base plate. An
20 example of such a modified driver element is illustrated in FIG. 15, which shows driver element **280**. The driver element **280** includes a male protrusion **282** on one side of the element, which could mate with a corresponding slot in the cover plate of the device. The male protrusions and female slots could, of course, be reversed. The lateral surface **284** of the driver element would engage
25 the blood vessel being stretched.

 The spring/rod mechanism, such as shown in FIG. 13, can be covered and sealed. For example, the base plate can be modified to have a recess in which the mechanism is fit and which is enclosed with another plate. As shown in FIG. 16, a base plate **290** is made thicker and with a recess **292**. The spring/
30 rod mechanism (not shown) fits within the recess and a third plate **294** can be

attached, for example, by using appropriate fasteners, adhesive bonding, ultrasonic welding, and/or other known fabrication techniques.

The radii of curvature of surfaces in contact with the blood vessel should be as large as possible so that relatively large stretching forces can be provided without collapsing the blood vessel. Examples of posts shaped for this function are illustrated in FIGS. 17A-B. FIG. 17A shows a post **234** having a curved lateral surface **236** molded into the base plate **230**, wherein the post extends from a surface **232** of the base plate **230**. Surface **236** could be, but is not necessarily, of constant curvature. FIG. 16B shows a similar post **244** having a curved lateral surface **246**. The post **244** is rotatably attached to base plate **240** with pin **242**, and is free to rotate about the axis of the pin **242** and in the plane of the base plate **240**, as shown by arrow Y in FIG. 17B. In this way, the profile of the device can be changed. Specifically, rotation of the post **244** can be used to increase the profile of the device when deployed while maintaining a small profile for the device during insertion. This arrangement is useful for endoscopic deployment and provides a larger contact surface for the artery when the device is in use.

FIG. 18 is useful to explain the utility of the optional cutout **205** in the cover plate **204** shown in FIG. 10. In this embodiment, the base plate **300** is designed to temporarily hold the driver element **310** in place while the device is being prepared for use. This feature is useful because the spring may be in compression and would tend to move the driver element if it were not held, complicating use of the device. The resting member **312** extends from the base plate **300** and has an L-shape as shown in FIG. 18, such that the driver element **312** can be secured between the base plate and an upper ridge **314** of the resting member **312**. The thickness of the upper ridge **314** would be the same as the thickness of the cover plate **204**, and the overall shape of the resting member **312** would fit flush within the cutout **205** in the cover plate **204**. A pin **316** passing through an aperture in resting member **312** and into a hole in the side of the driver element **310** can serve to hold the driver element **310** in place, until it

is desired to remove the pin and free the driver element to stretch a blood vessel.

In any of these embodiments utilizing a spring to supply the driving force, it will be appreciated that such a spring can be designed in a number of different ways depending on the desired force characteristic. An ordinary spring
5 would provide constant stretch. A spring having a nonlinear or a constant force-deformation response could also be used. Yet another alternative is a spring fabricated of shape memory materials so that its stiffness or shape can be changed as stretching progresses or periodically. Such a spring could act in series or parallel with another spring designed as described above. Shape
10 memory materials can change their shape in response to changes in their temperature. Nickel-titanium alloys, which exhibit super-elastic and shape-memory effects, are particularly suitable. Shape memory nickel-titanium alloys and certain polymeric materials can be fabricated to change shape from straight to curved as the material changes temperature. Examples of shape memory
15 polymers are described, for example, in PCT WO 99/42528 and U.S. Patent No. 6,160,084, which are incorporated herein.

This effect can be used to provide dynamic loading of the blood vessel by using heating means to heat the spring to change its temperature and thus its shape and/or stiffness. For example, the heating could be resistive heating of the
20 spring by electric current (e.g., from a battery or capacitor). Periodic application of electric current can provide the dynamic loading as described above. An example of a dynamic load produced in this way is the application of short-term, large stretching forces produced whenever the shape memory material reaches its transition temperature. The forces would decrease when the current is
25 removed and the wire cools returning the spring to its rest shape. The combination of shape change and shape recovery produces the desired dynamic, periodic load. Other means of heating the wire, such as electromagnetic fields through the skin, are also envisioned. Control of the current application can be accomplished using devices and methods described herein or known to those
30 skilled in the art.

Yet another way of controlling the movement of the driver element is to provide a motor driven cam on which a spring-driven driver element can ride. Such an arrangement is familiar to those skilled in the art of mechanical system design.

5 Foldable Design

These devices are very similar in structure and function as the non-fold versions described above, except that these devices advantageously can “fold” to yield a smaller, narrower cross-sectional profile to facilitate minimally invasive *in vivo* insertion, preferably using standard, off-the-shelf endoscopic hardware.

10 These embodiments also make possible devices having a wide range of aspect (length/width) ratios. This characteristic is important because it affects how much (i.e., the length) a blood vessel can be grown, as well as the size of the forces that can be applied to the blood vessel during the stretching process.

One preferred embodiment of such a device is illustrated in FIG. 19.

15 FIG. 19 shows device **400** in its deployed configuration with a blood vessel **450**. The device **400** includes a cylindrically shaped body **402**, which preferably houses the electromechanical or other means of moving the driver element **404** along slot **406**. The mechanism for moving the driver element **404** can include any of the various means for producing the requisite linear motion that are
20 described herein or known to those skilled in the art of mechanical design. It can be seen that as the driver element **404** moves up, the blood vessel **450** is stretched transverse to its length. The distal end **452** and proximal end **454** of the blood vessel **450** are tethered by the tissue naturally surrounding blood vessel **450**, but may be further anchored using sutures or other means of
25 fixation, as appropriate, at the distal and proximal ends. Device **400** further includes arms **408a** and **408b**, which extend from and are hinged at the lower end portion **409** of the body **402**. Wheels **410a** and **410b** (which function like the posts in the non-fold design) are rotatably attached to the ends of arms **408a** and **408b**, respectively, distal the body **402**.

30 FIGS. 20A-B show the device in its “folded” configuration, i.e., before

deployment, in a side view (Fig. 20A) and in a front view (Fig. 20B). As can be seen, the arms **408a/b** and wheels **410a/b** fold down so as to reduce the cross-sectional profile of device **400** so that it can be more readily inserted through a standard endoscopic trochar. Once inserted, the arms **408a/b** and wheels **410a/b**
5 can be deployed as shown in FIG. 19.

A wide variety of mechanisms to effect the folding and deployment can be devised by those skilled in the art of mechanical design. FIGS. 19 and 20 can be used to describe one such scheme. In this scheme, the lower end portion **409** of the body **402** is made so that it has two “locked” configurations. One is
10 shown in FIGS. 20A and 20B and the other, representing a ninety degree axial rotation of the lower end portion **409**, is shown in FIG. 19. When in either of these two “locked” configurations, the lower end portion **409** resists rotation about the longitudinal axis of the body **402**. Such resistance can be provided, for example, by a protrusion from the lower end portion into mating intrusions
15 into the cylindrical body of the device. The lower end portion **409** also is designed so that it can move in the axial direction, away from the body **402**, as shown by arrow K. This can be achieved by a central round shaft in the body **402** of the device **400** and a mating central hole in the lower end portion **409**, wherein the lower end portion **409** is spring loaded in the axial direction so that
20 any axial movement in direction of arrow K tends to be recovered as the lower end portion **409** tries, under spring load, to return the spring towards equilibrium by moving in direction shown by arrow L. When in either one of the two locked configurations, the lower end portion **409** is prevented from rotating about the axis of the device by the protrusion and mating intrusions previously described.
25 Such protrusion and intrusions would be of a length and depth, respectively, that when the lower end portion **409** is moved axially, it could, if moved sufficiently, be freed of its axial rotational lock. When so freed, the lower end portion **409** can be freely rotated about the axis of the body **402**. Upon rotation to either the configuration shown in FIG. 19 or 20A or 20B, the lower end portion **409** can
30 again be rotationally locked. This occurs when the spring induced axial motion

(in the direction of arrow L) results in the interlocking of the aligned protrusion with one of the other of the intrusions.

The lower end portion **409** includes upper slots **412** and lower slots **414**. There are two slots here, but the device could also be designed with one
5 continuous slot, or with more than two slots, if desired. After insertion of device **400** into a donor patient, the arms **408a/b** (with wheels **410a/b**) are free to move about their hinged connection to lower end portion **409**, in the direction of the curved arrows M shown in FIG. 20A, toward and into their deployed position shown in FIG. 19. This causes the arms **408a/b** to move into slots **414**. Once
10 the arms **408a/b** are horizontal (i.e., perpendicular to the axis of the body **402**), the lower end portion **409** can be moved axially, unlocked, rotated ninety degrees, and released and re-locked as described above. In so doing, slots **412** will lock the arms **408a/b** in place, as shown in FIG. 19. Once the arms **408a/b** are locked, the device **400** is ready for blood vessel loading and stretching.

15 The device **400** preferably includes suitable top and bottom plates (not shown in FIG. 19) that isolate, as much as possible, the device from the surrounding tissue and body fluids and minimize the mechanical influences of external forces that might tend to move the device. FIG. 21 illustrates one embodiment of a bottom plate **420**. The plate can be sutured or otherwise held in
20 place by various means of attachment. FIG. 21 shows the plate **420** with sutures **422**. The plate **420** further includes snaps **424** for attaching the plate **420** to the back of the body of a device, such as that of FIG. 19. Other attachment means, such as tapped holes, threaded protrusions, or other fasteners can be used to connect the bottom plate (and the top plate) to the body of the device.

25 When implanting the device, a tool, such as tool **430** in FIG. 21, can be used to stretch a blood vessel **450** over wheels **410** in the direction of arrow N, thereby properly seating the blood vessel **450** in the device. (Note that only the wheels of the device are shown in FIG. 21.) The device then can be secured to the bottom plate. Once the bottom plate and device are in place, a suitable top
30 plate can be installed so that the device is, to the extent possible, isolated from

its surroundings.

Other Features of Either Design

The methods and devices described herein optionally can include growth factors or other growth stimulating agents (e.g., hormones) to further enhance blood vessel growth. For example, such growth stimulating agents can be delivered to the blood vessel by impregnating the materials forming the device or by providing a suitable coating or reservoirs in the device that can contain and controllably release such agents during the extension process. Examples of such growth factors include vascular endothelial growth factor (VEGF), endothelial cell growth factor (ECGF), basic fibroblast growth factor (bFGF), and platelet derived growth factor (PDGF). Biocompatible polymeric materials for controlled release that are known in the art for drug delivery (see e.g., U.S. Patent No. 5,879,713 to Roth et al.) can be adapted for use with the devices described herein. The devices and methods also can be used in combination with external electric, magnetic, or electromagnetic fields applied as a growth stimulus (see e.g., U.S. Patent No. 4,846,181 to Miller).

The devices also can optionally include appropriate drugs (e.g., therapeutic or prophylactic agents) impregnated into or coated to structural components, for example to minimize infections, inflammatory reactions, scar tissue formation, adhesion formation, and/or other adverse tissue reactions. For example, where tissue growth is to be avoided, certain antifibrotic agents may be present, such as 5-fluorouracil or mitomycin. The device may be more generally provided with coatings that are antibiotic or anti-inflammatory.

The devices also can be enclosed in a suitable sheath to limit adhesion formation and/or infiltration by body fluids while implanted *in vivo*, or be impregnated or coated with materials selected to reduce adhesion formation as known in the art. Examples of such coating materials include, but are not limited to, parylene, polytetrafluoroethylene (e.g., TEFLONTM) and chromium (e.g., ME-92TM, Armoloy Corp.), which can be used to coat a variety of other metal and polymer substrates.

The devices and methods of use thereof described herein are further described by the following non-limiting examples.

Example 1: In Vivo Vessel Stretching to Stimulate Cell Division

Leung et al., *Science* 191:475-77 (1976) showed that cyclic stretching
5 stimulates synthesis of matrix components in arterial smooth muscle cells *in-vitro*. Subsequent studies in arterial tissue have been limited to the effects stretching on cells attached to a membrane in cell culture (see, for example, Birukov, et al., *Molecular & Cellular Biochem.* 144:131-39 (1995); Costa, et al., *FASEB J.* 5:A1609-7191 (1991)) or in a vascular graft construct (Kanda, et al.,
10 *Cell Transplantation* 4(6):587-95 (1995)). No known studies, however, have analyzed the effect of stretch on cells in intact vessel walls. Therefore, a study was made of porcine carotid arteries in an organ culture system developed by Conklin (Conklin, B. *Viability of Porcine Common Carotid Arteries in a Novel Organ Culture System* MS Thesis, Georgia Institute of Technology, 1997), in
15 order to determine the effect of axial stretching on smooth muscle cell division in an intact vessel. See also Han, H.C., Vito, R.P., Michael, K., Ku, D.N., “Axial Stretch Increases Cell Proliferation in Arteries in Organ Culture,” Advances in Bioengineering, ASME, BED 48:63-64 (2000).

Left and right external carotid arteries were obtained at slaughter, one for
20 testing and the other serving as a control. Both vessels were immersed in cell culture media containing DMEM (Sigma D1152), sodium bicarbonate (3.7 g/L, Sigma), L-glutamine (2mM, Sigma), antibiotic-antimycotic solution (10 ml/L, Gibco), and calf serum (CS 10%, Integren). The vessels were perfused with the same media with the addition of Dextran (5% by weight, MW 282,000 Sigma).
25 The test and control specimen both were maintained at body temperature and subjected to pulsatile flow in the physiological range. The control specimen was restored to and maintained at the *in-vivo* length, which corresponds to a stretch ratio of 1.5, for the duration of the experiment. The test specimen was stretched an additional 30% to a stretch ratio of 1.8 over the first two and one-half days of
30 the five day experiment.

Bromodeoxyuridine (“BRDU”) staining was used to compare the number of cells that were dividing in the test and control specimens. On the fifth day, the specimens were pressure-fixed with formalin and histologic slides prepared for cell counting using light microscopy. The BRDU was added on
5 day four and the test specimen showed that $6.8 \pm 2.8\%$ of the cells were dividing, while only $3.08 \pm 2.9\%$ of the cells were dividing in the control specimen. The results clearly suggest that axial stretching can be used to enhance cell division in blood vessels, and should therefore be useful in the growing vessel segments for use in creating blood vessel grafts.

10 Modifications and variations of the present invention will be obvious to those of skill in the art from the foregoing detailed description. Such modifications and variations are intended to come within the scope of the following claims.